

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory : WASHINGTON

CASE MANAGEMENT SERVICES

A. Target Group:

Recipients manifesting pathology secondary to infection by the Human Immunodeficiency Virus (HIV) with erratic, unpredictable, sudden changes in level of service need who:

- a) Require services from multiple health/social service providers; and
- b) Are unable to obtain the required health/social services for themselves; and
- c) Do not have family or friends who are able and willing to provide the necessary assistance.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1)) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services:

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

TN No. 87-2
Supersedes
TN No. -

Approval Date

6/2/87

Effective Date

3/1/87

HCFA ID: 1040P/0016P

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D. Definition of Services:

Case Management means services which will assist individuals eligible under the plan in gaining access to needed health and related social services.

Description of Service:

Required services include screening and referral as well as comprehensive assessment of individual needs and development of detailed individual plans of service and related activities. The plan is designed to assist clients to obtain needed health and related social services in the least restrictive service setting.

Case Management functions are provided under the direction of a qualified case manager and may be divided into core functions and support functions:

Core Functions:

Intake evaluation: An evaluation to determine client's need for case management services.

Service Plan Development: An individual Case Management service plan shall be developed when the client has been determined to meet target population criteria.

Service Plan Implementation: The Case Manager is responsible for implementation of the service plan, but may delegate specific functions to others, such as the Home Health Nurse; discharge planners, etc.

Service Plan Review: Service Plan reviews will be conducted as needed and always in person.

Support Functions:

Client Advocacy: Intervene with agencies or persons to help individual clients receive appropriate benefits or service.

Assistance: Assist or arrange for the client to obtain a needed service or accomplish a necessary task.

Consultation: Consult with service providers and professionals to utilize their expertise on the client's behalf.

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Networking: Help a client to access services through linkages between formal and informal support systems for the purpose of creating an effective continuum of care.

Family Support: Arrange for appropriate referrals to help the family or significant others to deal with stress and changes related to the client's impairments.

E. Qualification of Providers:

Services will be provided through contracts with individuals meeting the specified qualifications, or private agencies such as AIDS foundations or public agencies such as local health departments.

Case managers will meet at least the following requirements for education and experience:

Master's Degree in Behavioral or Health Sciences or related field. (Two years of closely related work experience and a Bachelor's Degree may be substituted for the Master's Degree) and

One year of on-the-job experience involving contact with the public in a client service setting and

Experience with and commitment to working with the target population.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of care management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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